



CHESHIRE COUNTY COUNCIL.

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EDUCATION COMMITTEE.

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REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1930

BY

MEREDITH YOUNG,

*M.D., D.P.H., D.S.Sc.,*

*Of Lincoln's Inn, Barrister-at-Law,*

*Lecturer in School Hygiene, Victoria University of Manchester.*

71323



# MEDICAL INSPECTION.

## STAFF.

### *School Medical Officer:*

MEREDITH YOUNG, M.D., D.P.H., &c.

### *Deputy School Medical Officer:*

IAN CAMPBELL MACKAY, M.B., Ch.B., D.P.H.

### *District School Medical Officers:*

W. J. McIVOR, B.A., M.B., Ch.B., D.P.H.

JENNY C. KING, M.B., Ch.B.

(Resigned July 1930)

MARY A. THOMAS, M.B., Ch.B.

R. J. CLARK, M.B., Ch.B., D.P.H.

MOYA MACAFEE, M.B., Ch.B.

(Commenced August, 1930)

GLADYS WILKINSON, M.R.C.S., L.R.C.P.

### *Ophthalmic Surgeons:*

E. NICHOLAS HUGHES, M.R.C.S., L.R.C.P., D.O.M.S.

(R.C.P.S.)

CYRIL JACOBS, M.B., B.S.

### *School Dentists:*

S. WHITWORTH, L.D.S.

S. O. STEWART, L.D.S.

H. R. PARRY, L.D.S.

E. S. BUTT, L.D.S.

(Resigned May 1930).

LEONARD N. ALLY, L.D.S.

A. L. HELY, L.D.S.

FRANK JONES, L.D.S.

(Commenced June, 1930).

*Health Visitors:* 37.

*Dental Nurses:* 6.

### *Superintendent Clerk:*

VINCENT O'CONNOR.

CHESHIRE COUNTY COUNCIL.  
EDUCATION COMMITTEE.

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INTRODUCTION.

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*To the Chairman and Members  
of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Medical Service for the year 1930.

It is gratifying to see that each year the scheme for examination and treatment of the school children is becoming more and more comprehensive.

An extra Assistant School Medical Officer and Dental Officer were appointed and 5 additional clinics were established during the year.

The development of the Orthopædic Scheme which has been fully reported upon this year (pp. 12 to 17) is well worthy of comment.


At the time of writing this report the Maternity and Child Welfare Committee have decided to carry out dental treatment in children under school age. This is a most encouraging step in the right direction and should lead to a considerable improvement in the health of the children entering school at the age of 5 years.

In conclusion I should like to express my appreciation of the Committee's consideration and assistance in the advancement of the service.

I have the honour to be,  
Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

MEREDITH YOUNG.



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5

CHESHIRE COUNTY COUNCIL.  
EDUCATION COMMITTEE.

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**ANNUAL REPORT**  
OF THE  
**CHIEF SCHOOL MEDICAL OFFICER**  
for 1930.

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The Administrative County of Chester comprises 45 Sanitary Districts of which 33 are Urban and 12 are Rural.

The Education Committee is the Local Education Authority for the whole Administrative County with the exception of 6 Municipal Boroughs situated within the County, *i.e.*,

Congleton, Crewe, Dukinfield, Hyde, Macclesfield and Stalybridge.

The total number of Schools in the whole educational area with their enrolments are as follows:—

			Schools.	Enrolments.
Elementary	..	..	343	59347
Secondary	..	..	16	5050

There are no special schools under the Committee.

**New Schools.**

The following Schools were opened during the year:—

Cheadle Hulme Temporary Council School.

Blacon Temporary Council School.

King's Lynn Temporary Council School.

A new School was built at Willaston, Wirral and Hankelow C. of E. School re-opened.

**Co-ordination.**

As stated in previous reports the co-ordination between the various medical services of the County is well maintained. The services chiefly concerned are the Maternity and Child Welfare, Tuberculosis and School services. When a child is transferred from the Maternity and Child Welfare Committee

at the age of five to the Education Committee, a complete record of the child's health is transferred with it and attached to the school medical inspection card for further reference if necessary. The closest co-operation too is maintained between the School Medical Officers and the District Tuberculosis Officers, all cases of Tuberculosis found in the Schools being referred to the Dispensaries for observation by the Tuberculosis Officers, institutional treatment being provided where necessary.

### School Hygiene.

The Assistant School Medical Officers in the course of their routine medical inspection make a survey of the premises and any defects are noted and referred to the Director of Education.

### Medical Inspection.

The age groups examined during the year were those as laid down by the Board of Education and are as follows:—

1. Entrants.
2. Intermediates, *i.e.*, Children between the ages of eight and nine years.
3. Leavers, *i.e.*, Children between the ages of twelve and fourteen years.
4. Specials. Children specially brought forward by the Teachers, Health Visitors, Attendance Officers, or from some other source not in one of the above groups.
5. Re-Examinations.

The following figures show the gross numbers of children inspected during the year as compared with the two preceding years:—

	En- trants	Inter- medi- ates	Leavers	Other Routine Inspec- tions	Spec- ials	Re- exams.	Total
1928	6238	6557	4969	625	6492	2809	27065
1929	6533	6261	4362	577	6568	2992	27313
1930	6781	6280	4755	1281	6690	3742	29529

It is gratifying to see from the above figures that the number inspected in all the groups is increasing. The marked increase this year is due to the appointment of an extra Assistant Medical Officer who was appointed in January.

The increase in the number of re-examinations of children found to have defects in the course of routine examinations is particularly satisfactory as it shows that those cases are being followed up to ascertain whether the necessary treatment has been carried out or not.



After each school inspection a list of all children suffering from defects requiring treatment is sent in to the Central Office. This information is passed on to the Health Visitor of the Area who follows up each individual case and reports whether treatment has been carried out or not and extent of treatment if any. Where the Health Visitor is unable to persuade parents to obtain treatment for serious defects the matter is passed on to the N.S.P.C.C. This latter course I am pleased to say it has been found seldom necessary to adopt.

### **Co-operation of Parents.**

It is essential that parents should be encouraged to attend medical inspection. Not only does the School Medical Officer get valuable information regarding the child from the parent but he is also able to give advice as to the actual treatment necessary.

I am pleased to say that in this County the great majority of parents avail themselves of this excellent opportunity of discussing the child's welfare.

### **Co-operation of Teachers.**

As in previous years the teachers have been of great assistance and have been most helpful. In fact the success of the School Medical Service owes much to the co-operation of the Teaching Staff.

### **Findings of Medical Inspection and Medical Treatment.** *Uncleanliness.*

In the course of the year the School Nurses made 164,655 inspections and re-inspections for this condition. The number found to be unclean was 3,945 or 2.3%. This figure remains more or less constant, varying very little from year to year. In no case was legal proceedings necessary.

### *Minor Ailments.*

The following Clinics are provided for the Treatment of Minor Ailments:—





Town.	Address.	When held.
*Altrincham	St. John's Vicarage Classroom, Altrincham	Monday, Wednesday & Friday mornings
Barnton	Barnton C.E. School, Northwich	Thursday mornings
*Ellesmere Port	School Clinic, York Road, Ellesmere Port	Each morning
*Hoole	55, Hoole Road, Chester	„ „
Hoylake	8, Market Street, Hoylake	„ „
Lymm	Child Welfare Centre, Booth's Hill, Lymm	„ „
*Middlewich	The Priory, Middlewich	„ „
Nantwich	7a, Beam Street, Nantwich	„ „
Northwich	Parkfield, Middlewich Road, Northwich	„ „
Runcorn	29, High Street, Runcorn	„ „
Sale	70, Chapel Road, Sale	„ „
*Winsford	The Parsonage, Weaver Street, Winsford	Monday, Wednesday & Friday mornings

\* Additional Clinics opened during the year.

During the year 4,830 ailments were treated, of those 4,408 were treated under the Authority's scheme and 422 otherwise. This shows an increase of 1,971 Minor Ailments treated over 1929.

### *Malnutrition.*

The number of children it was found necessary to refer for treatment for this condition in the course of routine medical inspection was only 51, a very decided improvement on the figure of last year, which was 113.

### *Tonsils and Adenoids.*

The number of children found to be suffering from enlarged Tonsils or Adenoids or a combination of both still remains very high. Altogether 2,095 children were found to require Treatment.

Of this number 1,266 received operative treatment under the Authority's Scheme, 155 otherwise and 449 received Treatment other than operative. This is an increase of 396 on the number treated last year. This increase is probably accounted for by the increased number of inspections made during the

year and also by the parents appreciating the facilities granted to them for treatment under the Authority's scheme. The following table shows the work done at the various Hospitals under the Authority's Scheme:—

Hospital.	Number of Operations		
Ashton-under-Lyne Infirmary .. ..	..	..	24
Altrincham General Hospital .. ..	..	..	207
Alderley Edge Cottage Hospital .. ..	..	..	2
Birkenhead & Wirral Children's Hospital ..	..	..	3
Chester Royal Infirmary .. ..	..	..	147
Congleton Memorial Hospital .. ..	..	..	10
Hoylake Cottage Hospital .. ..	..	..	40
Knutsford Memorial Hospital .. ..	..	..	23
Macclesfield Infirmary .. ..	..	..	20
Nantwich Cottage Hospital .. ..	..	..	4
Neston Cottage Hospital .. ..	..	..	48
Northwich Victoria Hospital .. ..	..	..	227
Port Sunlight Hospital .. ..	..	..	99
Runcorn Cottage Hospital .. ..	..	..	146
Stockport Infirmary .. ..	..	..	144
Tarporley Cottage Hospital .. ..	..	..	5
Warrington Infirmary .. ..	..	..	14
West Kirby Convalescent Home .. ..	..	..	4
Whitchurch Cottage Hospital .. ..	..	..	4
Whitby Cottage Hospital .. ..	..	..	22
Winsford Royal Albert Infirmary .. ..	..	..	73
Total .. ..	..	..	1,266

#### *Tuberculosis.*

All cases of tuberculosis or suspected tuberculosis when found in the course of medical inspection are immediately referred to the Tuberculosis Dispensaries which, as already stated, work in close co-operation with the School Medical Service.

The following Table will show at a glance the incidence of the various types met with:—

#### *Pulmonary—*

Definite	Nil
Suspected	35

#### *Non-Pulmonary—*

Glands	18
Spine	—
Hip	3

#### *Other Bones & Joints—*

Skin	2
Other Forms	15

# INSTITUTIONAL TREATMENT OF TUBERCULOUS CHILDREN

## Pulmonary Cases.

			Males.	Females	Total
Children in Sanatoria					
1st January, 1930	..	..	9	12	21
Admissions during 1930—					
Definitely Tuberculosis cases	..	..	7	14	21
Observation cases	..	..	—	—	—
Discharged during 1930—					
Definitely Tuberculosis cases	..	..	6	17	23
Observation cases	..	..	—	—	—
Children in Sanatoria 31st					
December 1930	..	..	10	9	19

Condition of Patients on discharge:—

Definitely Tuberculosis cases.

	Pulmonary				Bones		
	Class T.B. Minus	Group I.	Group II.	Group III.	Abdom-inal	Other and Organs	Joint
Quiescent	14	—	—	—	10	6	10
Improved	5	—	3	—	10	34	19
No material Improvement	—	—	1	—	2	1	3
Died in the Institution	—	—	—	—	2	—	2
Total	.. 19	—	4	—	24	41	34

Observation cases:—

Non-Pulmonary

Definitely Tuberculosis	..	..	2
Non-Tuberculosis	..	..	4
Doubtfully Tuberculosis	..	..	—

## NOTIFICATION OF TUBERCULOSIS IN SCHOOL CHILDREN AGES 5 TO 15.

The following Table shows the notifications on Forms A. and B. of School Children, aged 5 to 15, for the years 1920—1930:—

Year	Form A.					Form B.					Total notifi- cations Ages 5 to 15.
	Pul- monary		Non-Pul- monary		Total Form A.	Pul- monary		Non-Pul- monary		Total Form B.	
	M.	F.	M.	F.		M.	F.	M.	F.		
1920	25	44	39	33	141	8	8	2	1	19	160
1921	23	53	55	50	181	3	2	—	3	8	189
1922	21	28	57	46	152	—	—	3	1	4	156
1923	19	22	69	49	159	—	—	—	1	1	160
1924	21	29	75	64	189	1	—	5	4	10	199
1925	12	15	77	57	161	—	—	3	—	3	164
1926	15	25	60	59	159	—	—	1	1	2	161
1927	19	19	73	51	162	—	—	1	5	6	168
1928	17	16	66	49	148	1	—	3	1	5	153
1929	18	21	65	54	158	—	—	1	1	2	160
1930	9	19	69	48	145	1	1	1	—	3	148

### *Infectious Skin Diseases.*

There is still a great preponderance of minor infectious skin conditions found in the course of school inspections. Of these the great majority are cases of Impetigo which occurs at all ages, in all classes and in both sexes. It not occasionally appears in the form of mild epidemics. When untreated the condition goes on indefinitely infecting and re-infecting different parts of the body. When properly treated the condition clears up almost immediately. Unfortunately this is a common condition amongst school children and accounts for many of the exclusions from school which could quite well be avoided if children so affected were advised to seek early treatment.

During the year 1,692 children were referred for treatment for this defect.

### *Ringworm of the Scalp.*

There is a slight decrease in the number of cases reported this year, there being 81 referred for treatment as compared with 92 last year. The only satisfactory treatment of this condition is by X-Rays, any other method of treatment being a long and tedious process often necessitating long absences from school, and as often occurs where X-Rays are not employed immediately, other members of the family become infected.

### *Ringworm of the Body.*

This condition is much more amenable to treatment and does not seriously interfere with a child's attendance at school. This year 73 cases were reported, 67 being treated under the Authority's Scheme and 6 otherwise.

*Scabies.*

The incidence of Scabies shows a slight increase this year, 74 cases being reported as against 57 last year. Of these 68 were treated under the Authority's Scheme and 6 otherwise.

*External Eye Diseases.*

During the year 477 cases were reported under this heading by the Assistant School Medical Officers in the course of routine medical inspections, 324 being cases of Blepharitis all of which were referred for treatment, the majority being treated at the Minor Ailments Clinics.

A considerable number of external eye defects are referred to the clinics direct by the teachers and school nurses and during the year 561 cases were treated at the various Clinics.

*Vision.*

Defective Vision still continues to be one of the principal defects found in the course of medical inspection, 2,303 children being referred to the Ophthalmic Surgeons for treatment. In addition to this number 726 were referred for Squint and other conditions.

The extent of the work of the Ophthalmic Surgeons can be seen by a reference to Table IV. (Group II.)

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THE OPHTHALMIC EXAMINATION OF SCHOOL CHILDREN  
IN WEST CHESHIRE.

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*By Dr. E. Nicholas Hughes.*

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The Areas under my care include the following:—

Bebington and Neston.  
Chester Union  
Hoylake and West Kirby  
Runcorn Rural.  
Runcorn Urban.  
Tarvin and Whitchurch.  
Winsford and Middlewich.

The number of School Children in these areas is approximately 24,000.

The number of School Departments is as follows:—

				Mixed and		
				Senior	Infants	Infants
Church of England	..	..	23	72	25	
Council	..	..	15	23	11	
Roman Catholic	..	..	1	5	1	



The number of Eye cases examined varies from 1,500 to 1,800 annually.

The number of sessions devoted to the work is between 160 and 185 a year. A session consists of from 10-0 a.m. to 12 noon in the morning, and from 1-30 p.m. to 4-0 p.m. in the afternoon.

Ophthalmic examinations are carried out either at the Schools or at centralised Clinics.

The larger Schools not served by a Clinic are visited every twelve to eighteen months.

The small outlying country Schools are visited every eighteen months to two years.

Arrangements to examine special cases however, can be made on receiving notification from the School Medical Officer or the Head Teacher, at any time.

The visits to the Schools are arranged to follow as soon as possible after the inspection by the School Medical Officer, so that cases referred for eye examination shall be seen without undue loss of time.

Examinations at the Schools themselves are rendered somewhat difficult, in many cases, by the lack of proper accommodation. Modern ophthalmic work demands a suitable dark room, and also an adequate testing distance for the Snellen test-type, the standard distance being 20 feet.

However, by a little ingenuity, a suitable place can usually be fitted up, either in a cloak-room or a corridor.

The Head Teacher's room, as a rule, is not large enough for the required testing distance.

For retinoscopy work I carry an electric accumulator and special retinoscopy lamp on a portable tripod. Further equipment consists of a complete lens trial case, trial frame, distance and reading test type, colour vision and muscle balance tests and ophthalmoscopes.

The Clinics, of course, offer many advantages over the Schools. Electric light is available and at all the Clinics proper dark rooms are provided. The test types receive standard illumination, and modern retinoscopy lamps are used. Suitable waiting rooms are available for the parents.

Central Clinics are established at the following places and the times of visiting are as follows:—

Runcorn	Second and last Mondays in the month.
Ellesmere Port	Second and last Wednesdays in the month
Hoylake	First Wednesday in the month (Morning).
Middlewich	As required (about three visits a year).
Stockton Heath	As required (About five visits a year).
Winsford	As required.
Hoole	As required.

The value of the Clinic does not cease with its superior equipment and standard illumination.

Children suffering from high refractive errors and eye diseases can be kept under regular supervision. Post cycloplegic tests can if necessary be carried out.

Children who break their glasses or lose them—both common incidents—can be checked, and new glasses prescribed without undue loss of time.

A regular service gives the parents confidence, and they know where to appeal for information and advice.

Minor eye diseases, such as blepharitis and conjunctivitis receive daily treatment from the School Nurses, and the Clinics issue to the parents treatment for these minor eye troubles.

The children who receive Ophthalmic examination may be divided into three classes.

- (1) Children referred by the School Medical Officer.
- (2) Children suspected by the Head Teacher as suffering from ocular defect.
- (3) Request examination by the parents.

With regard to the first, these cases are discovered by the School Medical Officer in the course of his routine medical examination and nearly every case referred requires either glasses or treatment and advice.

With regard to the second, the Head Teacher notices that a child adopts an abnormal attitude when reading or writing and the case is referred.

With regard to the third, it is becoming increasingly popular with parents to request that their child should be examined in order to make sure that there is no latent ocular defect.



Before visiting a School the Head Teacher is notified on a Special Form and the following information asked for—

- (1) Number of Children referred by Assistant School Medical Officer for special Examination by Oculist .....
  - (2) Number of Children, who in the opinion of the Head Teacher require eye examination .....
  - (3) Number of Children wearing galsses .....
- (Signed).....  
Head Teacher.

Upon receipt of this information a date is fixed and a supply of consent forms sent for signature.

Both at the Schools and Clinics the morning session is devoted to the history taking, recording the vision, and external eye examination. Records are kept on special case-sheets.

The examination of refractive errors in children, in most cases requires the use of a cycloplegic, and I use Homatropine Ointment, 1%, supplied by Clay & Abraham, Liverpool.

With the younger children, particularly those who do not know their letters, the use of a cycloplegic is imperative as, in order to perform an accurate retinoscopy the macular area of the eye must be refracted, moreover, a dilated pupil facilitates fundus examination.

The cycloplegic is inserted in the morning.

The afternoon session is devoted to retinoscopy, examination of the fundi and media, and the prescribing of glasses.

Special prescription forms are used. The prescription form states the lenses required and also the price of the complete spectacles. A special form is issued with every prescription which explains to the parents that glasses are necessary for their child, and the reverse side of the form gives the list of Opticians throughout the County, who supply the spectacles at the special contract rates.

The prices of speetaeles vary from 3/6 for spherical lenses, to 8/6 for spherio-cylindrical lenses.

The County supply glasses free of charge to parents who cannot afford to pay.

At the Clinics, the Nurses arrange for the parents to attend by appointment. This is much appreciated by the mothers, and the individual examination which each child receives is in every way equal to that received had a private appointment been made with an ophthalmic surgeon and the usual private fee paid.

At the smaller country schools, where one session suffices for the number of children, Homatropine drops are used instead of the ointment.

The number of cases examined a day varies between 16 and 22. Naturally the cases are fewer at the small country schools. Time is also occupied at the schools in arranging suitable dark room accommodation.

At the Clinics, post-operative cases report for inspection. Also cases which have been in hospital for treatment. It is not usual to record these cases in the number of children examined. A report is sent to the School Medical Officer on every child examined. These reports are eventually sent to the School Nurses, who follow the cases up and see that instructions issued to the parents have been carried out.

For the Nurse's guidance, the reports are starred (\*), according to the severity of the case or the amount of the refractive error. One star signifies a small refractive error, two stars one of a higher degree, and so on up to four stars. A four star case is urgent, and if glasses are prescribed they must be obtained at all costs.

Unfortunately, there are still a few parents who strongly object to their children wearing glasses. A three or four star case must wear glasses in spite of any objection on the part of the parents.

Children who require Hospital treatment are referred to one of the following Hospitals:—

St. Paul's Eye Hospital, Liverpool.  
Wallasey Cottage Hospital (Eye Dept.).  
Ellesmere Port and Whitby Hospital.

At these Hospitals various ophthalmic operations are conducted including cases of Ptosis, Strabismus, and Congenital Cataract. Treatment cases include Interstitial Keratitis, Phlyetenuar Keratitis, Corneal Ulcers, severe Blepharitis and Conjunctivitis and accident cases.

1,557 Children were examined during the year 1930 in 185 sessions. Glasses were prescribed for 860 children.

The following is a classified list of the refractive errors and eye diseases discovered:—

	Boys	Girls
Hypermetropia .. .. .	32	47
Hypermetropic Astigmatism .. ..	146	188
Myopia .. .. .	22	44
Myopic Astigmatism .. .. .	47	73
Mixed Astigmatism .. .. .	21	36

	Boys	Girls
Right Convergent Concomitant		
Strabismus .. .. .	27	30
Left Convergent Concomitant Strabismus	40	51
Alternating Convergent Concomitant		
Strabismus .. .. .	7	4
Divergent Strabismus .. .. .	8	7
To wear own glasses .. .. .	74	87
Glasses not required .. .. .	166	201
Aphakia .. .. .	1	—
Abscess of Eye Lid .. .. .	1	—
Blepharitis .. .. .	19	34
Cataract Lamellar .. .. .	—	1
do. Anterior Polar .. .. .	—	1
do. Posterior Cortical .. .. .	—	2
do. Traumatic .. .. .	1	—
Conjunctivitis Catarrhal .. .. .	7	7
do. Follicular .. .. .	7	7
do. Angular .. .. .	—	2
do. Muco-purulent .. .. .	1	1
do. Traumatic .. .. .	1	—
Choroiditis .. .. .	2	—
Corneal Ulcer .. .. .	4	4
do. Nebula .. .. .	11	16
Dermoid Cyst of Lid .. .. .	1	1
Dacryocystitis .. .. .	3	3
Exophoria .. .. .	—	2
Foreign Body on Cornea .. .. .	—	2
Hordeolum Acute .. .. .	—	3
do. Recurrens .. .. .	1	8
Keratitis. Phlyctenular .. .. .	9	6
Macular Retinitis .. .. .	—	7
Nystagmus. Congenital .. .. .	1	3
Optic Atrophy .. .. .	—	1
Optic Neuritis .. .. .	2	—
Paralysis of Right External Rectus .. .. .	1	—
do. Left do. do. .. .. .	1	—
do. Both do. do. .. .. .	—	1
Phthisis Bulbi .. .. .	1	—
Ptoſis. Congenital .. .. .	1	1
Retinitis Punctata Albescens .. .. .	—	1
Sclerosis of Lachrymal Puncta .. .. .	—	2
Subconjunctival Hæmorrhage .. .. .	—	1
Tarsal Cyst .. .. .	3	2
Xerosis Conjunctivæ .. .. .	—	1
	668	889
	Boys	Girls

## Dental Defects.

During the routine medical inspection made by Assistant School Medical Officers 1,959 children were found to have some dental disease. In addition to this, out of 30,914 children inspected by the School Dentists 22,002 or 71% were found to require treatment. Of this number 13,169 were actually treated and 112 re-treated.

The attendances of children for treatment last year were 13,749 and this year 16,470—an increase of 2,721. This is a most encouraging figure and demonstrates the fact that parents are taking advantage of the facilities offered to the children under the Committee's scheme.

There were during the year 6 full-time dental officers on the staff which means that each officer was responsible for approximately 9,000 children. When taking the number treated it will be seen that each Dental Officer is treating on the average just over 2,000 children per year, which is the figure laid down by Sir George Newman.

Now taking it that 71% of the total school population require treatment as demonstrated by the above figures, the number to be treated annually would amount to approximately 38,300. Of this number according to past reference there would be 60% acceptances or 22,980. Therefore for the work to be done thoroughly there would be sufficient work for 10 Dentists.

At the time of writing this report the Committee have appointed one additional Dental Officer.

Dr. Clark, in reporting on dental defects found at medical inspection states—"There is an ever increasing list of the varieties and degrees of ill health believed by the medical profession to have their origins in dental caries and dental sepsis. Regular dental inspection and treatment along with advice from the dental officer as to the care of the teeth is invaluable in protecting the present generation of school children from these after affects in later life. . . ."

This is undoubtedly the case but to have a comprehensive dental scheme in the County, treatment and inspection should not be confined to school children alone. When school children come under the purview of the School Dental Officers the damage has already been done. There is no doubt that if the scheme was extended to children under 5 years of age the results would be very far reaching and would undoubtedly lead to the preservation of many teeth which are quite beyond treatment by the time the children can avail themselves of present facilities.

### Orthopædic Scheme.

The Orthopædic Clinics or after-Care Centre is one of the most recent developments in connection with the treatment of children suffering from crippling conditions in all forms.

By the formation of these Clinics it is intended, first, to shorten the long period of Institutional treatment so reducing expenditure and secondly, to make fuller use of existing hospital accommodation by releasing beds more rapidly for active treatment. In the past, in order to ensure expert supervision, it has been necessary to afford prolonged periods of Institutional treatment.

The Orthopædic Clinic established in the Administrative County up to the present, together with the days and times of opening are as follows:—



Place.	Day.	Time.	Surgeon.	Surgeon Attends
Cottage Hospital, Alderley Edge	Alternate Thursdays	2 p.m. to 4 p.m.	Mr. Poston	.. Once every 2 or 3 months
General Hospital, Altrincham	.. Fridays	.. 2 p.m. to 4 p.m.	.. Mr. Poston	.. Once monthly
15, St. John Street, Chester	.. Fridays	.. 10 a.m. to 12 30 p.m.	.. } As arranged by Committee of Shropshire Orthopaedic Hospital	
Old Railway Hotel Crewe ..	.. Tuesdays	.. 10 0 a.m. to 12 30 p.m.		
Welfare Centre, Ellesmere Port	.. Monday	.. 2 30 to 4 30 p.m.	.. Dr. Martin	.. Fourth Monday each month
Welfare Centre, 8, Market Street, Hoylake	Fridays	.. 2 30 p.m. to 4 30 p.m.	.. Dr. Martin	.. Third Friday each month
Orthopaedic Clinic, Parsonage Street, Hyde	Monday Wednesday Friday	.. 10 a.m. to 5 30 p.m. 10 0 a.m. to 12 30 p.m. .. 10 0 a.m. to 5 30 p.m.	.. Mr. Poston	.. Third Monday each month
Welfare Centre, Recreation Ground New Ferry	Monday	.. 2 30 p.m. to 4 30 p.m.	.. Dr. Martin	.. Second Monday each month
Welfare Centre, 29, High Street, Runcorn	Friday	.. 11 0 a.m. to 1 0 p.m.	.. Dr. Martin	.. First Friday each month
Welfare Centre, Methodist Sunday School, Stockton Heath	Friday	.. 2 30 p.m. to 4 30 p.m.	.. Dr. Martin	.. First Friday each month

The Surgeons who attend the Clinics are on the staff of the Institutions to which patients are sent for treatment so that patients on discharge will continue under the supervision of the Surgeon who carried out the active treatment in hospital.

The staff of each Clinic also includes an Orthopaedic Sister, fully trained in Orthopaedic splint and plaster work, and a Masseuse, so that certain patients can be effectively treated as out-patients under the supervision of the Orthopaedic Surgeon.

The Orthopaedic Sister and the Masseuse attend the Clinics weekly to carry out treatment ordered by the Surgeon, such as re-application of plasters, and re-adjustment of splints and appliances.

The Institutions which are available for the treatment of these Orthopaedic cases are:—

- The Shropshire Orthopaedic Hospital, Oswestry;
- The Leasowe Hospital for Children;
- The Royal Liverpool Hospital for Children, Heswall;
- The Ancoats Hospital, Manchester;
- Hartshill Orthopaedic Hospital.

It will be seen from the above table that the South Eastern portion of the County is quite unprovided for. Therefore to have a complete and comprehensive scheme it will be necessary to establish a Clinic in that area, preferably Congleton as being the most central. As explained above, the Clinics act as After-Care Centres run in connection with the various Orthopaedic Hospitals. A Clinic at Congleton, therefore, would be conveniently served by the Hartshill Orthopaedic Hospital.

The number of children of school age who received treatment in Hospital during the year 1930 is as follows:—

Non-Tuberculosis.	Non-Pulmonary Tuberculosis.
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30

98

### **Blind, Deaf, Defective and Epileptic Children.**

As is the case with most Authorities the lack of Institutional Accommodation for Defective children is most acute.

The County Council have purchased the Cranage Hall Estate with the view to establishing a Mentally Defective Colony there. This work cannot be too quickly advanced on account of the urgent need for such accommodation.



The case of the child suffering from combined defects is another very acute problem as there is enormous difficulty in finding suitable accommodation for such cases.

### Canal Boat Children.

These children who are never stationary in one place for very long at a time are a source of great concern both from an Educational and Medical Inspection point of view. Dr. Clark reporting on Canal Boat Children makes the following remarks which are worthy of comment:—

“A considerable number of these are never available for medical examination but, when present, are examined as special cases. In general their physical condition is usually good though some are under the average weight for age—possibly due to their active mode of life; for all have to work—helping with lock-gates, horses, etc. Many are backward and dull. The calculation of their intelligence quotients is very difficult, since even the Stamford Revision Tests pre-suppose a certain amount of school instruction which these children do not have. In two cases the boys could write their own names but did not know one single letter of the same. They drew a “picture” of their names in a series of marks as one might copy Chinese letters. Those who have had experience of living in a house as well as in the boats greatly preferred the house.”

### School Closure.

The number of schools closed during the year on account of infectious disease is given in the following Table:—

#### *Schools Closed by the School Medical Officer.*

Measles .. ..	47
Scarlet Fever .. ..	7
Whooping Cough .. ..	12
Mumps .. ..	3
Influenza .. ..	4
Chicken Pox .. ..	3
Diphtheria .. ..	2

#### *Schools Closed by District Councils.*

Whooping Cough .. ..	2
Mumps .. ..	1
Measles .. ..	1

The old tendency to close schools on account of infectious disease has been proved in many cases to be of no great advantage. It is often an advantage during times of epidemics to have the children under the supervision of the teacher and the school Medical Officer when the first sign of sickening can be observed and prompt action taken. When schools are closed the children

are bound to mix and play together in the streets, go to cinemas, etc., and be under no supervision of any kind, with the result that infection spreads much more rapidly and slight attacks pass undetected.

### **Exclusion of Scholars from Elementary Schools.**

During the year the School Medical Officers had occasion to make 96 temporary and 13 permanent exclusions.

### **Employment of School Children.**

During the year 547 children were examined under the Employment of Children Bye-Laws, and 28 were refused a certificate.

### **Cases dealt with by N.S.P.C.C.**

The seven Inspectors of the N.S.P.C.C. who cover the County dealt with 171 cases referred to them by Health Visitors and Head Teachers. It is gratifying to observe the earnestness and tact shown by these officers in carrying out this difficult work.

### **Provision of Meals.**

In accordance with the procedure adopted in previous years, the County Education Committee supplied free meals to Necessitous School Children in the Altrincham, Central Wirral and Sale Districts from January to the 31st March, 1930. From the 1st April, 1930, on the operation of the Local Government Act, 1929, and consequent formation of the new Public Assistance Committee, the County Education Committee decided that the provision of "Ordinary Meals" and "Milk Meals" to necessitous school children should be undertaken with the close co-operation of the Public Assistance Committee in order to prevent overlapping of the two services. Accordingly, from the 1st April, 1930, all applications for free meals were referred to the Director of Education for investigation by the Public Assistance Officer who reported on each case whether meals should be supplied free or otherwise, and from the 1st April, 1930, to the 31st December, 1930, meals were only supplied to approved cases in the Central Wirral District.

Voluntary schemes for the supply of milk to scholars are carried out in about 160 schools in the County Area.

In many schools in the County Area, Dinner Schemes for Non-Necessitous School Children are in operation whereby the children remaining in school during the mid-day interval are provided at a small charge with either hot drinks or with a cooked dinner. In many instances these schemes are entirely self-supporting, but in other cases the County Committee makes a grant towards the wages of a cook employed to prepare the meals and pays for the cost of utensils required.

## Physical Training.

A report on the general physical training in the County Elementary Schools during any one year can deal only with the work of certain schools in detail, and the other schools in general. Visits to schools are arranged with a view to paying special attention to the work in definite districts, and at the conclusion of these visits, when all classes have been inspected, reports are issued on the detailed work of the schools in such districts.

Whilst it may be desirable to concentrate on the work of definite groups of schools, so that the inspection of all schools can be carried out systematically, attention must be given to the development of special features in the work of all schools, especially senior schools, throughout the County.

During the past few years the importance of the development of these special features has been emphasised, and teachers are now realising, more than ever, that a scheme of physical training includes, not only systematic physical exercises, but organised games, swimming, dancing, etc., and indeed, all physical activities which help to produce a sound and healthy constitution.

Classes for teachers in Swimming and Folk Dancing have been held in various centres in the County and have been well attended. During the coming year it is hoped to arrange classes dealing specially with the question of more advanced work in senior schools, based on the requirements of the Board of Education's Reference Book of Gymnastic Training for Boys, and the Supplementary Syllabus for older Girls.

*Organised Games.* The progress of the development of the organisation of team games is still slow, although a definite advance has been made in many schools. The number of school playing fields has steadily increased, and more games are being played. More variety in these games, and more attention to coaching and technique appear to be necessary. Preparatory games and practices, introducing the fundamentals of the more highly organised games do not, as yet, receive the attention they merit: their value cannot be too highly estimated.

The difficulties of marking out for games in many cases are fully realised: but every effort should be made to arrange such marking as will enable the games to be played satisfactorily.

If the organised games periods are to be really successful, it is essential that a definite scheme of games training be followed.

*Folk Dancing.* Great progress in this branch of physical training has again been made during the past year: there is no doubt that teachers are taking a very keen interest in this work; an ever-increasing number of them attend classes conducted by either the English Folk Dancing Society, or by the Authority. In a majority of the schools country dancing is included as a definite part of the physical training scheme, though not all schools have included it on the time-table. In a few schools Morris and Sword Dancing have been introduced with success, due to the enthusiasm of teachers who have been regular attenders at E.F.D.S. classes. This attendance at classes by the teachers has resulted in a much higher standard of work in the schools.

In many schools much use has been made of the gramophone for dance accompaniment, the records being obtained by private effort.

*Swimming.* During the past year 4,550 boys and girls from the County Elementary Schools attended swimming baths for a course of swimming instruction; the results of the season's work proved very satisfactory, showing all round increases. The number of swimming certificates gained was 325 1st Grade and 850 2nd Grade.

Fullest possible use has once more been made of all swimming baths available, but as stated in a previous report, there is urgent need for more facilities for swimming instruction, especially in the congested districts.

Life Saving is now regarded by many teachers as a necessary part of swimming instruction, and the work done in this connection, both in and out of school hours, is worthy of special mention. Each year shows an increasing number of awards gained, as will be seen by the following table. These awards are gained in examinations conducted by the Royal Life Saving Society.

	Hon. Instructors Certificates	Hon. Teachers Certificates	Bronze Medal- lions	Proficiency Certificates	Elementary Certificates	Total No. of Awards
1925	—	—	9	9	—	18
1926	2	—	13	27	6	48
1927	5	—	6	35	72	118
1928	2	—	24	51	106	183
1929	3	3	23	77	106	212
1930	9	1	24	100	102	236



*Camping.* The success of the first school camp, held during Whit-week, 1929, encouraged the making of similar arrangements for the following year. A party of 145 boys in charge of 12 teachers from various elementary schools under the direction of Mr. J. B. Hall, Inspector of Physical Training, who organised the camp in 1929, spent the whole of Whit-week in camp at Staithes, N.E. Yorks. The cost was defrayed by the campers themselves, the inclusive cost per boy, being 30/- for the week.

The week in camp was spent in making excursions to various places of historical interest and natural beauty, and a considerable time was spent in playing games on the playing field and the sea shore.

The camp was again favoured by excellent weather which enabled everyone to spend the whole of the time in the open air. The health of the party was excellent.

There is a great desire on the part of boys for holidays of this kind, and parents co-operate spontaneously. Teachers are anxious and willing to assist in the organisation of a camp. During the year, two schools arranged their own camping holiday, one party spending Whit-week at Conway, and the other a fortnight, in summer, at Grange-over-Sands.

MARY ALTHAM,  
JOSEPH B. HALL,

*County Inspectors of Physical Training.*

### Secondary Schools.

The results of Medical Inspection in the Secondary Schools are set out in Appendix II. at the end of this report.

On reference to this Table it will be seen that the great majority of defects is limited to teeth, eyes, and throat conditions.

Dr. Thomas draws particular attention to the large percentage of postural defects amongst secondary school Girls examined by her during the year. She states that "out of 323 girls examined by her 99 or 30.3% had defects."

#### *Postural Deformities.*

These consisted of:—

- |                              |    |    |       |
|------------------------------|----|----|-------|
| (1) Postural Scoliosis—total | 19 | or | 5.5%  |
| (2) Round Shoulders          | 32 | or | 9.9%  |
| (3) Flat Feet                | 48 | or | 14.9% |

These were all referred to the gymnastic mistresses, who take considerable interest in these cases, sacrificing their own free time in order to give these girls extra remedial exercises.

Postural scoliosis is seen in generally debilitated overgrown children, the condition is rectified by stretching the spine—it is most commonly noticed in the dorsal region of the spine, with the convexity to the right, and a compensatory curve in the lumbar region to the left. One case I examined had torticollis with scoliosis.

*Round Shoulders*, are sometimes noticed in conjunction with postural scoliosis. This is probably due to general lack of tone of the muscles, and the assumption of faulty though comfortable position in studying. Care is taken in these cases that there is no defective vision.

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### THE ROLE OF ENVIRONMENT IN THE DETERMINATION OF HEALTH IN CHILDREN.

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*By W. J. McIvor.*

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In a child it has been said truly in effect that his deportment, the manner in which he carries his body, whether he can stand up in a manly fashion, hold his head erect and look his fellows in the face, is a matter of paramount importance concerning his general wellbeing.

Such a boy is the very type of child about whom his parents can often justly affirm that he hardly ever has a day's illness—he possesses the all important power of resistance to disease that would appear to bear no special relation to mere growth, but to accompany less obvious bodily conditions.

A good natural carriage or its attainment is doubtless a consummation devoutly to be wished; but it is beyond dispute that postural and allied defects are still far too common among school children. As regards children of preschool age, rarer chances are available of their examination, but everything points to the fact that corresponding ailments are just as often present. Harking back still further one is familiar with a similar type of baby at the Infant Welfare Centre, but with the opportunity here of early treatment if not actual prevention. Thus there yawns a great gap in the public health service that must soon be filled. Adequate routine examination of the children at these neglected ages could scarcely fail to benefit the constitution of the school entrant with his 25% load of liabilities.

Worthy of special attention because so constantly met with among these particular children as well as the older ones is a certain type of "debilitated" child, for want of a better word.

He has been picturesquely described as weak all through and in referring to his condition one may be compelled to take refuge in the generic term of "debility" which can scarcely be regarded as a definite diagnosis. At any rate it gives more satisfaction to append a commentary on several of his bodily functions.

In the absence of discoverable local infection a beginning might then be made with symptomatic treatment which could be modified from time to time. The procedure enables one to check the course of an extremely important departure from health and might be calculated to shed some light on the whole subject.

The group of cases referred to forms too the bulk of all those attending any out-patient department for diseases of children, it is held.

Dealing with the young in general and with the type of child under review one of the features that may be said to distinguish the normal from the subnormal is, in my opinion, the manner in which his several muscular systems operate.

The conclusion formulated after more or less sufficiently long and painstaking observation at least is that there is a positive correlation as regards the quality of tone of the three muscular structures of the body in children, but that the correlation is more pronounced in the very young. The two striped muscles comprising the voluntary skeletal and the cardiac automatic and the unstriped involuntary each tend to run parallel in the efficiency or otherwise of their functional output.

Whether the hypothesis thus advanced can be established or not it may be allowed to stand for the moment as a practical basis from which to consider some generally little understood and consequently intractable conditions. For instance, one may find in the same child, besides his placid limbs and body and the enlarged and flabby heart, evidence still further of participation by the involuntary musculature in the hypotonia as exemplified by bladder weakness, static conditions of the bowels or affections of the bronchial tubes, etc.

On the other hand one will usually but not invariably find the association of a good all round tone with like soundness of heart, and it would be difficult to name a combination which if found would be more likely to ensure a long and healthy term of life for the possessor.

Between these two extremes many grades of inferior tone might be cited, merging as they must of necessity do.



Now complications in the form of extraneous infections may colour any clinical picture to which rule the above proposition is no exception.

A complication of great import and one worthy of more than passing attention is the infection of Rheumatism.

Insidious in its inception and then liable to escape attention, it is nevertheless from the first fraught with danger to the whole cardiac edifice. Thus it is not surprising that a general loss of tone in which the cardiac muscle shares is found not infrequently associated with an organic lesion of the heart itself.

In actual practice each such case must be dealt with on its own merits. This entails an assessment of the total damage to the heart whether permanent or more or less recoverable, a factor largely dependant upon the degree of hypotonia present and upon the activity or the reverse of the general infection—a sufficiently exacting proposition.

As it is, in the circumstances we have to reckon with two different aspects of the subject. One, the presence of a poor general resistance. The other, the weak spot, the locus minoris resistentialis, a heart out of training and flagrantly overworked by its partners in the scheme, a pair of sluggish lungs, and by its retainers, a host of indolent arteries.

One must suppose that the lowering of the blood pressure and the slowing of the stream so engineered enables the specific organism, which has already obtained access to it, to gain a foothold on the delicate valves of the heart.

The assumption is that a general condition preceded and predisposed to a particular infection. That it did precede it receives support from the familiar fact that amyotomic states of debility are found in very early life, such as in the well-known flabby limbed type of baby. And so too not only is rheumatism rarely found among babies, but it is pretty well agreed that it does not usually appear much before the age of two years and upwards.

The further inference too might be made that rheumatism might itself yield to preventative measures of the same kind as we know to be effective in the instance of hypotonic disorders acidosis, cyclical vomiting, etc.

On the other hand, while an investigation on a comparatively small scale, some 200 cases, in regard to the association of rheumatism and acidosis did not discover any relation between them. My own experience dealing with a much larger number provides evidence of an equally commensurate nature vide

Theory of Probabilities, to the diametrically opposite view that, in keeping with the inference categorically stated above, and indeed as one might expect, rheumatic affection of the heart is much more commonly found among children suffering from hypotonia than among others.

The causation of the hypotonic group of symptoms referred so often to above is now universally ascribed to the presence of Acidosis, a disordered state of metabolism in which imperfect oxidation of fats occurs when the carbohydrate available is insufficient in amount.

While the prescription of the appropriate diet will go far to relieve the condition, other agents are potent factors in its repeated production. Chief among these is some form of infection or toxæmia that may call for the removal of the focus, if known.

Another predisposing cause that cannot be gainsaid is the neglect of the ordinary accepted principles of hygiene, such as of a sufficiency of exercise and of sleep, of fresh air and sunshine, suitable clothing, discipline of mind and body, cleanliness, etc., avoidance of overcrowding and of dampness and dirt in the home.

So too Professor Vining who holds the view that the pre-rheumatic child is a case of toxic debility has long advocated a well-balanced diet, from infancy onwards in the prevention and control of rheumatism. A good "Environment" then in one word would appear of primary importance for the maintenance of health in children. Capable of endless modification in our hands, by its aid we may hope to neutralize, if need be, many of Heredity's effects, and even more so of life's ills.

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APPENDIX I.

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STATISTICAL TABLES.

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Public Elementary Schools.

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Table I.—Return of Medical Inspections.

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(A.) Routine Medical Inspection.				
Number of Code Groups Inspections—				
Entrants	...	...	...	6781
Intermediates	...	...	...	6280
Leavers	...	...	...	4755
Total			...	17816
Number of Other Routine Inspections				1281
(B.) Other Inspections.				
Number of Special Inspections	...	...	...	*6690
Number of Re-inspections	...	...	...	3742
Total			...	10432

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\* This figure includes examination by Doctors at Eyesight and Minor Ailment Clinics, examinations as to suitability for open air swimming and for Employment Certificates.

Table II.

(A.) Return of Defects found by Medical Inspection  
in the year ended 31st December, 1930.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects requiring Treatment.		No. of Defects requiring Treatment.	
MALNUTRITION ... ..	47		4	
UNCLEANLINESS ... ..	721		70	
SKIN—				
Ringworm—				
Scalp ... ..	14		53	
Body ... ..	1		63	
Scabies ... ..	12		69	
Impetigo ... ..	105		1587	
Other Diseases (Non-Tuberculous)	54		189	
EYE—				
Blepharitis ... ..	157		167	
Conjunctivitis ... ..	7		53	
Keratitis ... ..	1		18	
Corneal Opacities ... ..	3		71	
Defective Vision (excluding Squint)	1271		2032	
Squint ... ..	67		440	
Other Conditions ... ..	4		115	
EAR—				
Defective Hearing ... ..	167		41	
Otitis Media ... ..	114		29	
Other Ear Diseases ... ..	3		26	
NOSE AND THROAT—				
Enlarged Tonsils only ... ..	740		318	
Adenoids only ... ..	172		90	
Enlarged Tonsils & Adenoids ... ..	556		219	
Other Conditions ... ..	177		37	
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	149		35	
DEFECTIVE SPEECH ... ..	47		17	
TEETH—Dental Diseases ... ..	1815		144	
HEART AND CIRCULATION—				
Heart Disease—				
Organic ... ..	151		50	
Functional ... ..	33		15	
Anemia ... ..	233		61	
LUNGS—				
Bronchitis ... ..	114		9	
Other Non-Tuberculous Diseases ... ..	75		5	
TUBERCULOSIS—				
Pulmonary—				
Definite ... ..	—		—	
Suspected ... ..	25		10	
Non-pulmonary—				
Glands ... ..	12		6	
Spine ... ..	—		—	
Hip ... ..	2		1	
Other Bones and Joints ... ..	—		1	
Skin ... ..	2		—	
Other Forms (Abdominal) ... ..	13		2	
NERVOUS SYSTEM—				
Epilepsy ... ..	6		1	
Chorea ... ..	13		15	
Other Conditions ... ..	8		6	
DEFORMITIES—				
Rickets ... ..	23		6	
Spinal Curvature ... ..	33		11	
Other Forms ... ..	57		16	
Round Shoulders ... ..	79		6	
OTHER DEFECTS AND DISEASES ... ..	337		100	

Table II.

(B.) Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups --			
Entrants ...	6781	1775	26
Intermediates ...	6280	1626	25
Leavers ...	4755	1080	22
Total (Code Groups) ...	17816	4481	25
Other Routine Inspections	1281	317	24

TABLE III.—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.	
BLIND (including partially blind).	(1) Suitable for training in a School or Class for the totally blind ...	Attending Certified Schools or Classes for the Blind ...	8	3	11	
		Attending Public Elementary Schools ...	—	—	—	
		At other Institutions ...	—	—	—	
		At no School or Institution ...	1	4	5	
	(2) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ...	1	2	3	
		Attending Public Elementary Schools ...	17	19	36	
		At other Institutions ...	—	—	—	
		At no School or Institution ...	5	1	6	
DEAF (including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb ...	Attending Certified Schools or Classes for the Deaf ...	19	9	28	
		Attending Public Elementary Schools ...	1	1	2	
		At other Institutions ...	—	—	—	
		At no School or Institution ...	2	2	4	
	(2) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ...	5	4	9	
		Attending Public Elementary Schools ...	12	11	23	
		At other Institutions ...	—	—	—	
		At no School or Institution ...	1	—	1	
MENTALLY DEFECTIVE.	(1) Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children..	23	11	34	
		Attending Public Elementary Schools ...	184	140	324	
		At other Institutions ...	—	—	—	
		At no School or Institution ...	21	16	37	
EPILEPTICS.	Suffering from severe epilepsy -	Attending Certified Special Schools for Epileptics ...	5	1	6	
		In Institutions other than Certified Special Schools ...	—	—	—	
		Attending Public Elementary Schools ...	2	1	3	
		At no School or Institution ...	3	2	5	
	Suffering from epilepsy which is not severe ...	Attending Public Elementary Schools ...	23	19	42	
		At no School or Institution ...	—	—	—	
	PHYSICALLY DEFECTIVE.	Infectious pulmonary & glandular tuberculosis ...	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	12	11	23
			At other Institutions ...	—	—	—
At no School or Institution ...			9	11	20	
Non-infectious but active pulmonary and glandular tuberculosis ...		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	17	11	2	
		At Certified Residential Open-Air Schools ...	—	—	—	
		At Certified Day Open-Air Schools	—	—	—	
		At Public Elementary Schools...	43	27	70	
		At other Institutions ...	—	—	—	
At no School or Institution ...	11	14	25			



TABLE III.—continued.

		Boys. Girls. Total.		
PHYSICALLY DEFECTIVE.	Delicate children (e.g. pre-or latent tuberculosis, malnutrition, de- bility, anaemia, &c.) ...	At Certified Residential Open-		
		Air Schools ...	22	15
		At Certified Day Open-Air Schools ...	—	—
		At Public Elementary Schools ...	306	483
		At other Institutions ...	—	—
	Active non-pul- monary tuber- culosis ...	At no School or Institution ...	16	19
		At Sanatoria or Hospital Schools		
		approved by the Ministry		
		of Health or the Board ...	26	23
		At Public Elementary Schools ...	41	39
	Crippled Children (other than those with active tuberculosis dis- case) e.g. children suffering from paralysis, &c., and including those with severe heart disease ...	At other Institutions ...	—	—
		At no School or Institution ...	5	2
		At Certified Hospital Schools ...	3	2
		At Certified Residential Cripple		
		Schools ...	—	—
		At Certified Day Cripple Schools ...	—	—
		At Public Elementary Schools ...	171	201
		At other Institutions ...	—	—
		At no School or Institution ...	11	19
				30

Table IV.—Return of Defects Treated during the year ended 31st December, 1930.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect.	Number of Defects Treated, or under Treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
1	2	3	4
SKIN—			
Ringworm—Scalp ...	65	16	81
Ringworm—Body ...	67	6	73
Scabies ...	68	6	74
Impetigo ...	1602	69	1671
Other Skin Diseases ...	201	41	242
MINOR EYE DEFECTS ...	485	76	561
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS ...	419	62	481
MISCELLANEOUS ...	1501	146	1647
(e.g. Minor injuries, bruises, sores, chilblains, etc.)			
Total ...	4408	422	4830

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Disease or Defect.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.
1	2	3	4	5
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in body of the Report) ...	2522	242	34	2798
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	348	—	78	426
Total ...	2870	242	112	3224

Total number of Children for whom Spectacles were prescribed—

(a) Under Authority's Scheme	...	1471
(b) Otherwise	...	138

Total number of Children who obtained or received Spectacles—

(a) Under Authority's Scheme	...	1220
(b) Otherwise	...	256



### Group III.—Treatment of Defects of Nose and Throat.

#### NUMBER OF DEFECTS.

Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. 1	By Private Practitioner or Hospital, apart from the Authority's Scheme. 2	Total. 3		
1266	155	1421	449	1870

## Group IV.—Dental Defects.

(1) Number of Children who were

(a) Inspected by the Dentists:—

(a) Inspected by the Department				Total.
Routine age Groups	{	Aged		
		5	...	2247
		6	...	4118
		7	...	4277
		8	...	4677
		9	...	4902
		10	...	4636
		11	...	2838
		12	...	1565
		13	...	1544
	14	...	110	
				30914
Specials	...	...	...	617

Grand Total ... 31531

(b) Found to require Treatment ... 22002

(c) Actually Treated ... 13169

(d) Re-treated during the year as the result of  
periodical Examination ... 112(2) Half-days devoted to Inspection ... 756 }  
" " Treatment ... 1710 } Total 2466

(3) Attendances made by Children for Treatment ... 16470

(4) Fillings— Permanent Teeth ... 5486 }  
Temporary Teeth ... 2399 } Total 7885(5) Extractions— Permanent Teeth ... 2306 }  
Temporary Teeth ... 27973 } Total 30279

(6) Administration of general Anæsthetics for Extractions —

(7) Other Operations—

Permanent Teeth ... 963 }  
Temporary Teeth ... 716 } Total 1679

Scalings ... 805

Gum Dressings ... 199

## Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during  
the year by School Nurses ... 6(2) Total number of Examinations made of Children in  
the Schools by School Nurses ... 164655

(3) Number of individual Children found unclean ... 3945

(4) Number of Children cleansed under arrangements  
made by the Local Education Authority ... —(5) Number of Cases in which Legal Proceedings were  
taken—

(a) Under the Education Act, 1921 ... —

(b) Under School Attendance Bye-Laws ... —

# MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

Statement of the number of Children notified during the year ended 31st December, 1930, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified .. .. 43

## ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit from instruction in a Special School:		
(a) Idiots .. .. .	3	2
(b) Imbeciles .. .. .	15	13
(c) Others .. .. .	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(a) Moral Defectives .. .. .	—	—
(b) Others .. .. .	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 .. .. .	6	4
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "Special circumstances", cases .. .. .	—	—

NOTE—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.

4. Children who in addition to being mentally defective were blind or deaf .. .. .

NOTE—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).

Grand Total .. .. .	24	19
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## Secondary Schools.

TABLE II.—Shewing Nature of Defects referred to for Treatment and cases where Defects were Remedied.

DEFECT OR DISEASE.					Referred for Treatment.	Received Treatment.
MALNUTRITION	...	...	...	...	—	—
UNCLEANLINESS—						
Head	...	...	...	...	5	5
Body	...	...	...	...	—	—
SKIN—						
Ringworm—						
Head	...	...	...	...	—	—
Body	...	...	...	...	—	—
Scabies	...	...	...	...	—	—
Impetigo	...	...	...	...	—	—
Other Disease	...	...	...	...	12	11
EYE—						
Defective Vision or Squint	...	...	...	...	161	145
External Eye Disease	...	...	...	...	10	8
EAR—						
Defective Hearing	...	...	...	...	19	16
Ear Disease	...	...	...	...	3	3
TEETH—						
Dental Disease	...	...	...	...	169	90
NOSE AND THROAT—						
Enlarged Tonsils	...	...	...	...	43	35
Adenoids	...	...	...	...	2	2
Defective Speech	...	...	...	...	8	3
Tonsils and Adenoids	...	...	...	...	6	5
Other Conditions	...	...	...	...	47	37
HEART AND CIRCULATION—						
Heart Disease—						
Organic	...	...	...	...	22	22
Functional	...	...	...	...	6	6
Anæmia	...	...	...	...	26	23
LUNGS—						
Pulmonary Tuberculosis—						
Definite	...	...	...	...	—	—
Suspected	...	...	...	...	—	—
Chronic Bronchitis	...	...	...	...	1	1
Other Disease	...	...	...	...	2	2
NERVOUS SYSTEM—						
Epilepsy	...	...	...	...	—	—
Chorea	...	...	...	...	2	2
Other Disease	...	...	...	...	—	—
NON-PULMONARY TUBERCULOSIS—						
Glands	...	...	...	...	—	—
Bones and Joints	...	...	...	...	—	—
Spine	...	...	...	...	—	—
Hip	...	...	...	...	—	—
Other Forms	...	...	...	...	—	—
Rickets	...	...	...	...	3	2
DEFORMITIES—						
Spinal Curvature	...	...	...	...	12	9
Round Shoulders	...	...	...	...	98	84
Flat Foot	...	...	...	...	51	46
Wry Neck	...	...	...	...	4	3
Other Forms	...	...	...	...	3	2
OTHER DEFECTS OR DISEASES	...	...	...	...	30	24

